

TROY D. MABON JR
 (Name)
P.O. BOX 5005
 (Address)
CALIFORNIA, CALIF, 92233
 (City, State, Zip)
V-70737 / 13-2-127
 (CDC Inmate No.)

2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HYP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	ProSe	<input checked="" type="checkbox"/>

FILED

2008 FEB 11 PM 4:11

CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

RM

United States District Court Southern District of California

TROY DOMINIC MABON JR.

(Enter full name of plaintiff in this action.)

Plaintiff,

v.

DR. SHARON YOUNG
DR. N. BARRERAS
MTA. G. SALIZAR
C. GRAY SRN

(Enter full name of each defendant in this action.)

Defendant(s).

'08 CV 0258 JLS CAB

Civil Case No. _____

(To be supplied by Court Clerk)

Complaint under the
Civil Rights Act
42 U.S.C. § 1983

A. Jurisdiction

Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional authority, list them below.

B. Parties

1. Plaintiff: This complaint alleges that the civil rights of Plaintiff, TROY DOMINIC
 (print Plaintiff's name)
MABON JR, who presently resides at CALIFORNIA STATE
 (mailing address or place of confinement)
PRISON P.O. BOX 5005 CALIFORNIA, CALIF, 92233, were violated by the actions
 of the below named individuals. The actions were directed against Plaintiff at CALIFORNIA
STATE PRISON on (dates) 12-15-06, 12-29-06, and 6-29-06
 (institution/place where violation occurred) (Count 1) (Count 2) (Count 3)

CR

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant DR. SHARON YOUNG resides in IMPERIAL COUNTY,
(name) (County of residence)
 and is employed as a DOCTOR/PHYSICIAN. This defendant is sued in
(defendant's position/title (if any))
 his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: BECAUSE SHE'S A DOCTOR EMPLOYED BY C.D.C.R. AND
WAS ON DUTY IN HER OFFICIAL CAPACITY ACTING WITH BLIND DISRE-
GUARD FOR MY RIGHTS WHEN THE VIOLATION OCCURRED

Defendant GO GRAY resides in IMPERIAL COUNTY,
(name) (County of residence)
 and is employed as a SUPERVISING REGISTERED NURSE II. This defendant is sued in
(defendant's position/title (if any))
 his/her ☐ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: BECAUSE SHE'S A NURSE EMPLOYED BY C.D.C.R. AND WAS ON
DUTY IN HER OFFICIAL CAPACITY WHEN THE VIOLATIONS OCCURRED

Defendant G. SALAZAR resides in IMPERIAL COUNTY,
(name) (County of residence)
 and is employed as a MEDICAL TECHNICIAN ASSISTANT. This defendant is sued in
(defendant's position/title (if any))
 his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: BECAUSE SHE A CORRECTIONAL "M.T.A."
EMPLOYED BY C.D.C.R. AND WAS ON DUTY IN HER OFFICIAL
CAPACITY AT THE TIME OF THE VIOLATION HAPPENED

Defendant DR. N. BARRERAS resides in IMPERIAL COUNTY,
(name) (County of residence)
 and is employed as a DOCTOR/PHYSICIAN. This defendant is sued in
(defendant's position/title (if any))
 his/her ☐ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting
 under color of law: BECAUSE HE'S A CORRECTIONAL
DOCTOR EMPLOYED BY C.D.C.R. AND
WAS ON DUTY IN HIS/HER OFFICIAL
CAPACITY AT THE TIME OF THE VIOLATION
(SEE STATEMENT OF FACTS)
FOR AND ON ALL FOUR DEFENDANTS

C. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: RIGHT TO MEDICAL CARE,
(E.g., right to medical care, access to courts,

AND DUE PROCESS

due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 1.]

SHARON Young:

ON 12-15-06 I WAS SEEN BY DR. SHARON Young AND WAS PRESCRIBED "ERYTHROMYCIN"
FACE GEL FOR DERMATOLOGIC USE. MS. Young IN HER OWN WORDS STATES IN MY
SECOND LEVEL APPEAL RESPONSE (log no: CA1-B-07-00220) UPON INTERVIEW S. Young DID NOT
RECALL BEING MADE AWARE THAT I HAD ANY ALLERGY TO ANY MEDICATION. SHE ALSO STATED
THAT SHE DID NOT SEE IT NOTED ON THE DOCTOR'S ORDERS I'M SUBMITTING A (1) PAGE
DOCUMENT LABELED PHYSICIAN'S ORDERS (AKA) DOCTOR'S ORDERS IT CLEARLY SHOWS
AND STATES THAT MY ALLERGIES ARE LISTED AS BEING "ERYTHROMYCIN" ALSO NOTED
IS WHAT WILL HAPPEN IF I'M GIVING THIS MEDICATION LASTLY NOTED ON THIS
DOCUMENT IS THE FACT THAT CALIFORNIA STATE PRISON HAS KNOWN ABOUT
AND HAVING HAD log DOCUMENTATION SHOWING ME BEING LISTED AS HAVING
ALLERGIES SINCE 6-29-06.

CO GRAY "SRN" ?

VIOLATED MY DUE PROCESS RIGHTS ON 3-30-07 BY FILING A FALSE FIVE SECOND
LEVEL APPEAL RESPONSE. C. GRAY STATES IN HER MEMORANDUM REPORT ON 4-06-07
THAT MY APPEAL IS PARTIALLY GRANTED ON THE GROUNDS THAT MY UNIT HEALTH CARE
RECORD HAS BEEN CORRECTED TO REFLECT ALLERGY TO "ERYTHROMYCIN SRN GRAY
NEVER ACKNOWLEDGES THE FACT THAT BEFORE SHE MADE HER INQUIRY
INVESTIGATION MY (UHR) ALREADY HAD EVIDENCE OF ME HAVING ALLERGIES
TO ERYTHROMYCIN "A KNOWN DRUG ALLERGY" ON THESE GROUNDS C. GRAY HAS VIOLATED
MY DUE PROCESS RIGHTS BY COVERING UP THE FACT THAT MY (UHR) DID IN
FACT HOLD EVIDENCE OF MY ALLERGIES BEFORE SHE SUBMITTED HER WRITTEN REPORT
I'M SUBMITTING A ONE PAGE DOCUMENT MARKED PLAINTIFFS TO SHOW
CAUSE OF PROOF TO THE ABOVE STATEMENT AS BEING FACT!!! RESPECTFULLY SUBMITTED

Count 2: The following civil right has been violated: RIGHT TO MEDICAL
(E.g., right to medical care, access to courts,
CARE AND TO BE HELP'D BY A HEALTH CARE PHYSICIAN
due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment,
etc.)

Supporting Facts: [Include all facts you consider important to Count 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 2.]

M-T-A G. SALAZAR &

ON 12-29-06 AND 12-31-06

I SPOKE TO MTA G. SALAZAR I HAD MY FLOOR
OFFICER T. GOMEZ CALL THE NURSES OFFICE FOR ME
WHEN HE CAME BY FOR COUNT WHICH HE DID
(SEE ATTACHED MENT MARK'D) PLAINTIFFS C)
MTA G. SALAZAR CAME AND SPOKE TO ME I THEN TOLD
HER THAT ON 12-15-06 I WAS GIVING "MENS"
FOR MY FACE THAT I'M ALLERGIC TO AND I'VE SUFFERED
A ALLERGIC REACTION (SEE ATTACHED MENT MARK'D)
PLAINTIFFS D) AND I NEED TO SEE A DOCTOR
SHE THEN TOLD ME "IT AINT NOTHING WE CAN DO FOR YOU"
FILL OUT THIS HEALTH CARE SERVICE REQUEST FORM
AND "THE DOCTOR WILL SEE WHEN THEY SEE YOU" AND
STARTED TO WALK OFF THEN TOLD ME TO FILL OUT
THE FORM AND GIVE IT TO HER BEFORE SHE LEAVE THE
HOUSING UNIT WHICH I DID (SEE ATTACHED MENT MARK'D)
PLAINTIFFS E) MS SALAZAR REFUSE TO DO ANY THING TO HELP
ME OR TREAT MY SYMPTOMS SHE LEFT ME IN MY
CELL IN A ALLERGIC REACTIONAL STATE IN MUCH PAIN
WITH MY FACE BURNED AND BLISTERED SWOLLEN WITH
BLOODY PUS BOILS AND PUMPS MTA SALAZAR VIOLATED
MY RIGHT TO MEDICAL CARE AND MY RIGHT TO FREEDOM
FROM CRUEL AND UNUSUAL PUNISHMENT BY TELLING
ME "SHE COULDN'T DO ANY THING FOR ME" AND JUST LEFT
ME IN A REACTIONAL STATE RESPECTFULLY SUBMITTED

Count 3: The following civil right has been violated: MEDICAL MALPRACTICE
 (E.g., right to medical care, access to courts,
ICE MEDICAL CARE VIOLATION
 due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment,
 etc.)

Supporting Facts: [Include all facts you consider important to Count 3. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 3.]

DR. N. BARRERAS

ON 6-29-06 I WAS SEEN BY DR. N. BARRERAS
 I TOLD DOCTOR BARRERAS THAT I HAD A ALLERGY
 TO ERYTHROMYCIN AND WHAT WILL HAPPEN
 IF I'M GIVING THIS MEDICATION IN WHICH HE
 WROTE DOWN MY ALLERGIES BUT DUE TO HIS
 INCOMPETENCE TO FOLLOW C-I-C-R TITLE IS
 RULE REGULATIONS I SUFFERED A ALLERGIES RELATED
 REACTION THAT RESULTED DIRECTLY FROM DR. BARRERAS
 INCOMPETENCE TO UP DATE MY UNIT HEALTH
 CARE FILE RECORD SO THAT IT'S LABELED ON THE
 INSIDE AND OUTSIDE TO REFLECT MY ALLERGIES
 TO ERYTHROMYCIN A KNOWN DRUG ALLERGY THAT
 COULD HAVE RESULTED IN MY DEATH OR OTHER SEVERE HEALTH
 COMPLICATIONS RESPECTFULLY SUBMITTED

ALSO SEE ATTACHMENT PLAINTIFFS B

D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? ☐ Yes ☒ No.

If your answer is "Yes", describe each suit in the space below. [If more than one, attach additional pages providing the same information as below.]

(a) Parties to the previous lawsuit:

Plaintiffs: NA

Defendants: NA

(b) Name of the court and docket number: NA

(c) Disposition: [For example, was the case dismissed, appealed, or still pending?] NA

(d) Issues raised:

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

(e) Approximate date case was filed: NA

(f) Approximate date of disposition: NA

2. Have you previously sought and exhausted all forms of informal or formal relief from the proper administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee Appeal Form 602, etc.] ? ☒ Yes ☐ No.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought.

1. Filed 602 complaint, completed all three levels of review and control all responses including Directors Level Denied
2. Filed a Governmental claim with State Board of Control Denied

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s): _____
- _____
- _____

2. Damages in the sum of \$ 100,000.00

3. Punitive damages in the sum of \$ 350,000.00

4. Other: Any other relief Court deems proper

F. Demand for Jury Trial

Plaintiff demands a trial by ☒ Jury ☐ Court. (Choose one.)

G. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

1009008

Date

[Signature]
Signature of Plaintiff

EXHIBIT A

PLAINTIFFS

Memorandum

Date : April 6, 2007

To : Inmate Mabon, T CDCR # J-70737
B2-127Subject : **SECOND LEVEL APPEAL RESPONSE**
LOG NO: CAL-B-07-00220**ISSUE:** The appellant is submitting this appeal relative to Medication.

It is the appellant's position that he was given medication he is allergic to and that he had made S. Young, Physician Assistant (PA), aware of the allergy.

The appellant requests that an investigation be conducted and that he suffer no retaliation from staff.

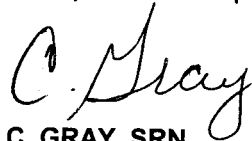
INTERVIEWED BY: C. GRAY, SRN, on March 30, 2007.**REGULATIONS:** The rules governing this issue are:California Code of Regulations, Title 15, Article (CCR) 3350. **Provision of Medical Care and Definitions****DISCUSSION:** In consideration of this appeal, a review of the appeal and its attachments was conducted. The CCR and all applicable laws and procedures were also considered along with the contents of the appellant's Unit Health Record (UHR) and a personal interview.

A review of your Unit Health Record (UHR) indicates that you were seen on January 15, 2007, by S. Young, PA. Your UHR reflects that there was evidence of an allergic dermatitis but no evidence of any life threatening symptoms. After interviewing S. Young she did not recall being made aware that the appellant may have an allergy to any medication. She also stated, she did not see it noted on the Dr's order and that she had reviewed the front of the record which did not reflect any No Known Drug Allergies (NKDA). Your UHR has been corrected to reflect Allergy to Erythromycin.

All staff personnel matters are confidential in nature. As such, results of any inquiry will not be shared with staff, members of the public, or inmates.

DECISION: The appeal is **Partially Granted** at the Second Formal Level in that the appellant's UHR reflects an allergy to Erythromycin and that Per CCR Title 15, no reprisal shall be taken against an inmate or parolee for filing an appeal.

The appellant is advised that his issue may be submitted for a Director's Level Review within 15 days of receipt of this response if desired.



C. GRAY, SRN
Supervising Registered Nurse II
Calipatria State Prison

Reviewed by:



K. BALL, D.O.
Chief Physician/Surgeon
Calipatria State Prison

EXHIBIT B

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Good V10

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
6/29/06	1023		(1) 15 Jax h/o allergy to erythromycin
			(2) cortisporin ear drops & drops @ ear oil x 5 days
			(3) Azithro i.p.o. BID per congestion x 2 weeks
			(4) Acetaminophen 500 mg T.p.o. TID per ear pain x 2 weeks
			(5) Refill Benoyl 10% 10% jelly to use on face qh x 30 days
			(6) Cipro 500 mg T.p.o. BID x 10 days.
			(7) follow up 2 weeks

N. BARRERAS, MD
PHYSICIAN & SURGEON

ALLERGIES:

erythromycin

immediately
stop breathing
COPD

ROOM/WING

B5-221

CDC NUMBER, NAME (LAST, FIRST, MI)

Mobeen, Troy
V 20737

7-17-80

Confidential
client information
See W & I Code, Sections 4514 and
5328

PHYSICIAN'S ORDERS

EXHIBIT C

PLAINTIFFS

ON 12/15/06 I TROY MABON WAS PRESCRIBED
ERYTHROMYCIN 2% GEL FOR MY FACE I USED
THE MEDICATION ON 12/28/06 ON 12/29/06
MY FACE SWOLL UP DO TO THE "MEDS" I SUFFERED
A ALLERGIC REACTION THAT BURN'D & BROKEN OUT MY
FACE GIVING ME A COMBINATION OF "BOILS & BLOODY
PUS BUMPS" FOR A NUMBER OF DAY'S I SPOKE TO NUMEROUS
MTA'S WHO D'D NOTHING FOR ME TO HELP ME THEY
JUST LEFT ME SUFFERING AND IN MUCH PAIN!!!
C/O GOMEZ CAME BY DOING COUNT FOR CLOSE CUSTODY INMATES
I TOLD HIM WHAT HAD HAPPENED TO ME BECAUSE
OF THE "MEDS" THAT I HAD TAKEN AND I ASK'D HIM
COULD HE CALL THE MTA FOR ME AND HE'D I SPOKE
TO MTA SALAZAR AND GIVE HER MY HEALTH CARE
REQUEST FORM AND WAS SEEN BY THE MTA'S ON MY NEXT VIST!!!
0000 0000 0000 0000000

I'M ASKING C/O GOMEZ TO SIGN THIS PAPER
AS A WITNESS JUST TO THE FACT'S OF HIM CALLING
THE MTA FOR ME AND SEEING MY FACE BUMPED
AND BLASTED UP C/O GOMEZ IS MY HOUSEING UNIT FLOOR
OFFICER AND IS A WITNESS THAT MY CELL IS 13-2-127
AND THAT HIS CALLING THE MTA WAS THAT I TOLD HIM "I HAD A ALLERGIC REACTION"

APPLICANT SIGNATURE

Troy Mabon
DATE: 4-11-07

WITNESS SIGNATURE/TITLE

F. Gomez / C/O

DATE: 4-11-07

EXHIBIT D

CALIPATRIA STATE PRISON PHARMACY

7018 BLAIR ROAD, CALIPATRIA, CA 92233-5001
MABON, PHONE: (760) 348-7000 EXT 3440802-127U

DR: SHARON YOUNG RPH: TK MFG: FO
RX: 585234- 0 QTY: 1

ERYTHROMYCIN 2% GEL

APPLY 2 TIMES DAILY TO

AFFECTED AREA 2 RF

START: 12/15/06

STOP: 03/15/07

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO
ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED.

EXHIBIT E

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

863920
DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: MARON, TROY CDC NUMBER: VT0737 HOUSING: B-2-127

PATIENT SIGNATURE: [Signature] DATE: 12-29-06

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I WAS GIVING MEDS FOR MY FACE THAT I WAS ALLERGIC TOO AND I HAVE SUFFERED A ALLERGIC REACTION THAT HAS BURNED AND BROKEN OUT MY FACE. AND IM IN SO MUCH PAIN THAT ITS HARD FOR ME TO SLEEP PLEASE HELP ME. "RESPECTFULLY" TROY D. MARON, JR.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 12-31-06 Received by: G. Scler
Date / Time Reviewed by RN: 12/1/07 0700 Reviewed by: [Signature]
S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A: [Signature]

P: [Signature]

☐ See Nursing Encounter Form

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: COMPLETED BY: DATE OF APPOINTMENT: NAME OF INSTITUTION:

PRINT / STAMP NAME: SIGNATURE / TITLE: DATE/TIME COMPLETED:

JS44

(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

I (a) PLAINTIFFS

Troy Dominic Mabon, Jr

Young, et al

2008 FEB 11 PM 4:11

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF **Imperial**
(EXCEPT IN U.S. PLAINTIFF CASES)

2254 1983
FILING FEE PAID
Yes No
HFP MOTION FILED
Yes No
COMPLAINT TO
Court Probate

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT
(IN U.S. PLAINTIFF CASES ONLY)

CLERK U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY RM DEPUTY

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Troy Dominic Mabon, Jr
PO Box 5005
Calipatria, CA 92233
V-70737

'08 CV 0258 JLS CAB

II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX)

(For Diversity Cases Only)

FOR PLAINTIFF AND ONE BOX FOR DEFENDANT

- | | PT | DEF | | PT | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> Marine <input type="checkbox"/> Miller Act <input type="checkbox"/> Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury-Medical Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. <input type="checkbox"/> Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (13958) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(e)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reappointment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Tort to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights			

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions): JUDGE

Docket Number

DATE February 11, 2008

SIGNATURE OF ATTORNEY OF RECORD

R. Miller

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